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THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

LUNSFORD P. YANDELL, M.D.,
L. S. McMURTRY, A.M., M.D., } Editors.

JOHN P. MORTON & CO., Publishers.

CONTENTS.

We would draw attention to the following extremely important notice, which appeared in the August number of the *Edinburgh Medical Journal.* The world-wide reputation of this Journal makes such a notice of great value:

"W. H. SCHIEFFELIN & CO.'S SOLUBLE PILLS AND GRANULES (New York). We have been favored with a case containing one dozen bottles of these pills and granules, and we have no hesitation in highly recommending them to the notice of the profession. The pills are perfectly globular, and finished with a beautiful nicety surpassing any thing we have before witnessed. They are covered with a thin transparent coating, which is perfectly tasteless and easily soluble in the mouth or stomach. This coating is so thin that it does not add materially to the bulk of the pill, and, being transparent, discloses to the eye the exact color and appearance of the pill-masses, and thus tends in no small degree to prevent one pill being mistaken for another. This coating appears to be quite sufficient to protect the pills from atmospheric influences, and to preserve the soluble condition of the mass. All pills should be sufficiently consistent to maintain their globular form, and yet sufficiently soft to melt in the stomach. These two conditions are possessed in a remarkable degree by Schieffelin's pills and granules. Another excellent property possessed by many of these pills is their small size, many of them being *very small*, such as those containing morphia, digitalin, etc. They prepare a pill containing 'ergotin,' their 3-grain pill representing 15 to 17 grains of ergot. This pill is a valuable addition to our armamentarium. The firm of W. H. Schieffelin & Co., of New York, holds the highest place among American pharmaceutical chemists, and consequently the quality and quantity of the various ingredients can be perfectly relied on. The price of the pills is very moderate, and quite within the reach of the great majority of patients. The case was accompanied with a 'Formula List, with Notes,' giving the composition of each pill and the price. For perfection of finish these pills excel any pills we have ever seen, and we believe they require only to be known to the profession to be extensively prescribed."

TO PHYSICIANS.

LISTERINE.

FORMULA.—Listerine is the *essential Antiseptic* constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis in combination. Each *fluid dram* also contains *two* grains of *refined* and *purified* Benzo-Boracic Acid.

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Full Clinical Notes from the following and many other well-known physicians sent upon request:

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Surgeon-General, United States Navy.

CHRISTOPHER JOHNSON, M.D.
Emeritus Professor of Surgery, University of Maryland, etc. etc.

MONTROSE A. PALLEN, M.D., LL.D.
Professor of Gynecology, University of the City of New York, and Surgeon to the Maternity Hospital, etc.

HENRY O. MARCY, M.D.
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W. W. DAWSON, M.D.
Professor of Surgery, Medical College of Ohio, etc.

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THOMAS F. WOOD, M.D.
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JAMES M. HOLLOWAY, M.D.
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DUNCAN EVE, M.D.
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A. M. OWEN, M.D.
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JOHN P. BRYSON, M.D.
St. Louis.

F. J. LUTZ, A.M., M.D.
Surgeon to Alexian Brothers' Hospital; Physician to Misericordia Asylum for the Insane and Nervous.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XIV. LOUISVILLE, OCTOBER 7, 1882. No. 15.

LUNSFORD P. YANDELL, M.D., . . } Editors.
L. S. McMURTRY, A.M., M.D., . . . }

SALUTATORY.

The readers of the LOUISVILLE MEDICAL NEWS will observe that with this issue its editorship is changed. Our immediate predecessors and esteemed friends, Drs. Holland and Cottell, by faithful and efficient management have extended the popularity and prosperity of the journal.

It will be the policy of the present editors to make the NEWS eminently a practitioner's journal. Its corps of contributors will embrace many eminent writers and practitioners, and we solicit from our friends every where papers, notes of cases, therapeutic memoranda, and records of clinical observation. At an early day correspondents will furnish our readers the freshest and most useful items of news from the medical centers of Europe and America. The department devoted to translations, we are happy to announce, will be in charge of Dr. John A. Octerlony, whose qualifications for this work are so widely and favorably known. The most recent publications will be promptly and impartially reviewed. Our editorial columns will be devoted to comments upon current matters of professional interest.

The present rapid advance and constantly-increasing activity in all the departments of medical science render more prompt methods of diffusing knowledge necessary than obtained in the past. The weekly journal is now recognized as a necessity by physicians every where. The NEWS, being the only weekly medical journal in the Southwest, occupies a wide field for usefulness, and it will be the earnest effort of its editors to make it more and more worthy the support and patronage it has so long received from the profession.

THE TROUBLES AT ANCHORAGE.

For a fortnight past the columns of the secular press of this city have been teeming with reports of serious and criminal outrages in the management of the Central Lunatic Asylum at Anchorage. The question of restraint in the management of the insane is one of great interest to physicians, and is the feature of scientific interest in the recent troubles at the Anchorage asylum. It is charged that the system of "ducking" has been practiced extensively at this institution by the attendants, and with fatal results in one instance. The charges have assumed the form of judicial investigation, and it is understood that the expert testimony before the grand jury was unconditionally opposed to such severe measures in the management of the insane. In the report of the grand jury indictments were found against certain employes of the asylum for assaults upon the inmates, which will be followed in due time by trial at the bar of the circuit court.

As relates to the superintendent and physicians of the asylum, after careful investigation the jury was unable to declare that they were neglectful of their duties or wanting in efforts for the comfort and restoration of those intrusted to their care. The

jury reported, however, that according to the expert testimony taken before them obsolete methods of treatment were in practice which should be abandoned.

The entire matter will doubtless be quite extensively discussed in the medical press of the country, and the most recent views of alienists on the question of restraint in the treatment of the insane placed before the profession.

UNDER the head of Correspondence will be found some reminiscences of the earlier days of the University of Louisville, from the pen of an eminent teacher and practitioner of surgery in a neighboring city. This letter will be read with genuine pleasure by all our readers, and will be of special interest to the older *alumni* of the University. We are pleased to state that the University perennially renews her youth, and the forty-sixth annual session has just opened with a very large class. The work inaugurated by "the giants," to whom our correspondent so graphically alludes, in 1837, is continued by those thoroughly appreciative of their trust.

WE beg to call the attention of physicians receiving this number of the NEWS to the commutation rates as given on the first page of the cover. The American Practitioner, a monthly medical journal second to none, and the LOUISVILLE MEDICAL NEWS are furnished for a year for five dollars.

MISCELLANY.

ALONE.—A distressing case of suicide, committed by a boy ten years of age while in his bedroom, to which he had been sent as a punishment, draws attention once again to a practice on which we have often commented adversely—namely, that of leaving children, young persons, and the weak or troubled in mind *alone*. The solitary state is abhorrent to the nature and mind of man. Whether the brain be immature in its development or morbid in its state, it is wrong in a scientific sense—that is, opposed to the laws and teachings of physiological science—to leave it alone. The possibility—we will even concede the probability—of a subsidence of excitement is not a sufficient set-off against the dangers of a self-destructive intellectual activity. The mind always works to its own injury when it works alone. Reflection, introspection, and self-examination tion are essentially abnormal processes. The proper action of mind is on the outer world, or upon such conceptions of fact and object as may be readily corrected by present observation or experience. Abstract processes of thought are never safe for the young or the weakly and troubled in mind. Healthy activity, so far as these two conditions of mind are concerned, is directly relative. It is not good for man to be alone in any sense. We would therefore again protest against the recourse to solitary confinement as a punishment for children, and against "seclusion" in any form for the unsound of mind. The two methods of treatment stand upon the same footing, and they are both equally bad. —*London Lancet.*

YELLOW FEVER.—This disease is prevailing with great severity at Pensacola. The report of the local board of health on the 1st instant gave the total number of cases to that date as seven hundred and eighty-three, with seventy-eight deaths, showing an alarming increase of cases during the last ten days. The board has one hundred and twenty paid nurses on duty in addition to the Sisters of Mercy. Material aid is being received from the National Board of Health and contributions have been made from various cities. The fever continues to prevail upon the Mexican side of the Rio Grande, but is subsiding at Brownsville and Matamoras. The disease has not made its appearance at this date in any other city of our southern coast, and rigid quarantine is relied upon for protection.

DR. JAS. H. LETCHER, of Henderson, Ky., and Miss Dora E. Ford, of Rome, Ga., were married in the latter city on the 4th instant. Dr. Letcher is one of the most popular physicians in the State, and a large circle of professional friends unite in good wishes for himself and his bride.

DR. T. G. RICHARDSON, of New Orleans, the distinguished Professor of Surgery in the University of Louisiana, and a former resident of Louisville, made a brief visit to relatives in this city during the past week.

BRIGHT'S DISEASE.—Attention has been called by M. Dieulafoy to some early and little-known symptoms of Bright's disease. The first is excessive frequency of micturition, not necessarily associated with an increased secretion of urine. He proposes to to call this symptom *pollakiuria*. Another symptom is itching over the body resembling the burning sensation produced by the sting of ants. A third symptom is the sensation of a dead finger. The patient feels cramps and creeping sensations in the fingers, never in the toes. Sometimes only one finger is affected, at other times the corresponding fingers of both hands. The extremities of the affected fingers become pale and bloodless. These sensations appear and disappear.

THE Tri-States Medical Society held its annual session at Terre Haute, Ind., last week. The following officers were elected: President—Dr. William Porter, of St. Louis; Vice-presidents—Dr. Joseph Eastman, of Indianapolis, Dr. Jas. H. Letcher, of Henderson, Ky., and Dr. Chambers, of Illinois; Secretary—Dr. W. Burton, of Mitchell; Treasurer—Dr. F. N. Beard, of Vincennes, Ind.; Chairman of Committee of Arrangements—Dr. T. B. Hawey, of Indianapolis, Ind.

THE SEA-SIDE SANITARY HOTEL OF THE FUTURE.—Anxious guest to hall-boy: "Boy, where are the water-closets?" "Hain't got any, sir; they breeds fever. Boat goes down the harbor every morning; ladies at nine, gentlemen at ten." "Well, is dinner ready?" "No, sir. We always carbolize the dining-room before meals. Now they are spraying the waiters, sir." Impatiently: "Well, where is your ice-water?" "Don't have drinking-water now, sir; 'taint healthy. Yonder's our Labarraque mixture flavored to taste. Have a glass?" Guest retires and takes a thymolized julep.—*Medical Record.*

STATE BOARDS OF HEALTH.—Only nine States are now without a State board of health. These are the following: Florida, Kansas, Maine, Missouri, Nebraska, Nevada, Ohio, Pennsylvania, and Vermont.—*Dr. Gihon, in Amer. Med. Association.*

DR. MORRELL MACKENZIE, of London, the eminent throat-specialist, visited Louisville during the past week. He was entertained at luncheon on Thursday, at the Pendennis Club, by his friend Dr. William Cheatham, of this city.

Original.

HEPATIC ABSCESS (MULTIPLE).*

BY JOHN B. RICHARDSON, M.D.

Hepatic abscess may be the consequence of inflammation of either an acute or chronic character; this is a frequent result in tropical climates, very infrequent in temperate climates, such as ours, and when it *does* occur is a resultant of pyemic or metastatic inflammation of the liver, or is attributable to some intestinal disease, as a rule. Symptomatology is usually occult. Having pyemia as its cause, the abscess may form, and give rise to no symptoms observable by either patient or attendant which would attract attention to the organ involved. The symptoms of acute hepatitis resemble very closely those of acute congestion of the liver, only more exaggerated; thus there will be more marked irritability of the stomach, greater thirst, more frequent pulse and higher temperature, cough of hacking character, but "dry," albuminous urine, splenic enlargement, with dull, distending pain in right hypochondriac region. Icterus is not very manifest, and may be absent altogether, especially during the earlier history of the affection. Tenderness upon pressure will not be easily produced, unless the peritoneal covering of the organ be involved. Should this inflammatory process end in suppuration, we will probably have rigors, which will be succeeded by night-sweats and exaltation of fever-heat, the fever closely simulating the fever of quotidian or tertian intermittent, or it may be the analogy will not be very perceptible, the attendant fever more closely resembling typhoid fever, with its evening exacerbation, though the thermometer scale is not climbed so rapidly or so regularly; indeed, the temperature oscillates at times very irregularly. Local symptoms may or may not be present, the region of the liver may or may not be more prominent than normal. You may be able to elicit expressions of tenderness upon pressure, or discover indications of fluctuation, the latter depending upon the situation of the abscess as to its superficial or more deeply placed position in the liver substance; tenderness, local or general, obtains in only a limited proportion of these cases. Hand in hand with tenderness we find pain of a throbbing character, which will be reflected

*Read before the Louisville Medico-Chirurgical Society, September 29, 1882.

to the right shoulder, or beneath or below the right scapula, possibly associated with pain in the "small of the back"—a feeling of distension, as though the organ was "a world too wide" to be comfortably contained within its surroundings. It is asserted by some writers that the pain transmitted to the right shoulder is indicative of involvement of the convex portion of the *right* hepatic lobe. Added to this feeling of weight and distension you may observe muscular tension, more particularly of the rectus abdominis muscle—a symptom of value in those cases where it is present.

Although a diagnosis of this affection is at times of extreme difficulty, and in some cases impossible, in its *earlier* stages there can be no difficulty of an insurmountable nature in a case so plain as the one I am about to report. So evident was it, that the subject himself observed the local swelling and protusion in the epigastric region—not, however, appreciating its seriousness or nature—at the end of the third week from the beginning of his indisposition. It is true, there are diseases which closely resemble hepatic abscess, for instance, *hydatid cysts* in substance of the liver, containing echinococci; in this disease we do not, as a rule, have the fever, disturbance of the functions of nutrition, or the pain, unless suppuration occurs within the cyst-wall.

In *cancerous* degenerations of the liver, the histories of the two diseases are not similar; upon palpation or handling you meet with hard, nodular masses, and there is absence of the evidences of fluctuation. In rapidly developing medullary cancer, fluctuation—not very evident—is sometimes discernable, still in conjunction the nodular masses are present; but the marked febrile or constitutional symptoms do not obtain. The only affection with which there is great danger of being misled is distension of the gall-bladder, resulting from either closure of the cystic or common duct, or from inflammation of the gall-bladder, eventuating in a closure of its ducts with great distension of this organ, forming a large tumor, which is tender upon pressure and yields fluctuation as a symptom, and is therefore very liable to mislead even the most painstaking and wary diagnostician; however, recalling the location of the gall-bladder, its pear-shape, its mobility—no adhesions connecting it to its surroundings—and the fact of its never having felt hard or node-like, or yielded at any stage that feeling of inflammatory or congested hardness even, local redness or edema never having presented themselves; further, in all probability you will have in many cases, prior to appearance of distended gall-bladder, symptoms which point you to either the passage of biliary calculi, or ordinary bilious fever. Recall the fact that in the major number of cases of any affection of the gall-bladder, especially if the ductus communis choledochus be involved, you will most probably have well-defined icterus; in abscess of the liver, to the contrary, jaundice as a symptom is more frequently *absent* than present.

Again, hepatic abscess may be confounded with pleuritic effusion. Any disease which produces enlargement of the liver will cause this organ to descend into the abdominal cavity, or it may *ascend* even as high as the fourth rib, and thus crowd upward the lung, yielding many of the physical signs of an effusion into the pleural cavity. But here the surest test in forming your conclusion will be that during full inspiration and expiration the line of dullness descends and ascends, whilst the line of dull or flat sound upon percussion over a pleuritic effusion is not changed by these acts on part of patient. There is one state of affairs where this test will fail, namely, where adhesions hold the liver firmly to the abdominal walls. Again, the dullness of an enlarged liver extends up farther in front than behind, which is the converse in the case of pleuritic effusion. Should the the contents of an abscess of the liver be discharged into the cavity of the pleura, symptoms indicating pleuritic effusion, will necessarily arise subsequently to those due to hepatic abscess. Thus it will be observed, though we may not have the advantage of signs of fluctuation, or a bulging of the tissues overlying the abscess of the liver, still, by a careful consideration of all the conditions present, together with a minute history of the case, we are generally enabled to make a reasonably safe diagnosis by "exclusion."

Murchison, in his work on diseases of the liver, divides abscesses of this organ into "pyemic" and "tropical." He enumerates the symptoms of the former as follows: "*Moderate* enlargement of liver usually, sometimes so great that lower margin reaches the umbilicus. This enlargement is uniform in every direction and does not produce bulging of the ribs. No fluctuation is felt, as abscesses are rarely large enough to admit of this. Pain and tenderness are always present. Jaundice is present in fully four-

fifths of cases. These pyemic abscesses rarely interfere with portal circulation. Constitutional symptoms are important in the diagnosis, mainly those of fever, at first hectic and ultimately typhoid in its type. Rigors afford assistance in diagnosis, but are not a necessary symptom. These recur at first with such regularity as to simulate ague. But rigors and fevers may result from passage of gall-stone. Temperature may be normal, but at times may reach 104° to 106° F.; in rare cases there appears to be no elevation of temperature, attributable, perhaps, to paroxysms of fever being so short as to escape detection. Profuse perspirations during sleep more frequently present than rigors. Daily emaciation and prostration, and frequently vomiting, and attacks of diarrhea. As disease progresses, typhoid symptoms appear, such as dry, brown tongue, restlessness, delirium, involuntary evacuations, etc. Course of disease usually rapid, from two to three weeks to three months." Murchison further says: "Diagnosis helped by keeping in view the circumstances under which disease usually occurs, viz., External injuries and surgical operations, ulceration of stomach or intestine, ulceration of gall-bladder or bile-ducts, or a suppurating hydatid cyst, may be the starting point of abscesses of the liver," etc.

Among the *surgical* aids to diagnosis, most reliance is to be placed upon the use of the probe, for the depth to which it can be introduced, the direction which it takes, and the impression which it makes upon the fingers employed, by the tissues it comes in contact with, yield us so many facts upon which to arrive at a proper conclusion. The information given us by the employment of the microscope is not to be forgotten; a specimen of the contents of the abscess being obtained by the introduction of the needle of your hypodermic syringe, may be the cause of dispelling all doubt formerly entertained—thus confirming positively the diagnosis.

Prognosis, even when the abscess is discharged in the most desirable direction, is unfavorable. Frerichs, as quoted by Flint, says of two hundred and three cases collected by Rouis, one hundred and sixty-two terminated fatally, thirty-nine completely recovered, and two imperfectly. This embraced cases in which the discharge was into the peritoneal cavity, and in other directions, as well as those most favorable. When complicated with dysentery the chances of recovery are of course greatly diminished. Rouis mentions nineteen cases uncomplicated with dysentery, in fourteen of which recovery took place; viz., four of five cases in which discharge took place through abdominal and thoracic walls, six of eight in which discharge was through bronchial tubes, four of five cases in which discharge was into alimentary canal. Of fifty-nine cases complicated with dysentery, in twenty-five recovery took place; viz., thirteen of twenty-nine in which evacuation was through abdominal walls, nine of twenty-two in which discharge was through bronchial tubes, and three of eight in which discharge was into alimentary canal. In fine, of uncomplicated cases sixty per cent recovered, of *complicated* cases only twenty-nine per cent recovered. Where more than one abscess exists, the chances of recovery are very greatly diminished.

CASE.—On March 14, 1882, I was requested to see B., an indefatigable worker; had enjoyed perfect health up to January 1, 1882, at which date he had fever, and feeling of general malaise. I had been his family physician for a number of years, and had never been called to see *him* on but one occasion, and that for a slight attack caused by overwork, from which he recovered in a short time. The patient, knowing my own serious illness and inability to see him, and considering his attack of little importance, so he related to me, placed himself in the hands of a homeopathic practitioner on January 9, 1882, who diagnosed his case as one of typhoid fever.

Upon my first visit I saw him at his office leisurely at work, and upon superficial examination found his pulse-rate 100, and weak; temperature in axilla, 100° F. Advised him to go home at once and cease from work, promising to see him in the afternoon. He informed me that at the end of the third week of his illness he had discovered an enlargement immediately over epigastric region, which had disappeared in ten days or two weeks after its first appearance. Upon a critical examination I found dullness over region of liver upon percussion, extending below margin of ribs one to one and a half inches, as also to the left of median line in the epigastric region, deep pressure over latter causing pain. This enlargement over epigastrium had disappeared, he told me, but it was very evident to both touch and sight upon this, my first careful examination. Very slight if any enlargement of superficial veins over swelling. Pain of dead, heavy and continuous character, not unbearable, but yet sufficiently decided

to make him uneasy, any pressure of clothes so increasing it that he wore his pants and vest partly unbuttoned. He complained of reflected pains in right sub-scapular region, as also in small of back. The patient was quite fleshy at this date, which prevented introducing the fingers back and under the ribs, in the region of lower border of ribs. I believed I got fluctuation (very deep) on palpation. My diagnosis was abscess of liver. I ascribed the partial and temporary disappearance of enlargement to patient's eye—to pressure backward and upward of contents of abscess, causing displacement of stomach, liver, and colon (transverse); and, as contents increased, the limit to displacement of these organs had been reached, and therefore we had bulging forward reappear. I asked him if he had chart of his temperature during his attack? He replied, "No; my attendant never used a thermometer at any time during his service upon me." Circumstances precluding my having this great advantage in diagnosis of case, I reasoned his fever had never been of typhoid type, but merely an attendant or concomitant fever due to liver trouble. Appreciating the seriousness of his case originally, and my patient, suffering from the consequences of a mistaken diagnosis and neglect of proper treatment, was greatly exhausted, I asked for counsel; he very promptly acquiesced, and wished Dr. J. A. Octerlony. Upon meeting Dr. O. I gave him the history of the case as I received it from patient, but did not express any opinion of my own. On a painstaking and careful examination of the case the Doctor indorsed my diagnosis, and we agreed the line of treatment should be quietude of mind, limited exercise, good diet (small quantities often repeated), with stimulation, and the application of mercurial plaster over enlargement; if no good result showed itself soon, aspirate the tumor. Alvine dejections were regular and of good color and consistence, the liver substance not involved in destructive process performing well its function; appetite not good; patient, however, sleeps pretty well.

March 16th we concluded it advisable to aspirate the tumor, but patient desired we should postpone it for a few days, as he was very weak. Continued "building-up" and stimulating measures as above mentioned till April 1st, patient growing stronger, temperature declining at times to normal. A diarrheal (slight) discharge set in about this date, which was easily controlled, and attributed to slight indigestion. On this date I introduced the very small needle of my hypodermic syringe and obtained two or three drops of contents of abscess, which, under microscope, plainly revealed pus cells and broken-down liver tissue, thus confirming the correctness of our diagnosis. In afternoon aspirated, and drew away into receptacle nine and a half ounces of pus and partially broken-down liver-substance, which at once relieved slight dyspnea caused by distension of walls of abscess, and also enabled patient to sleep in his favorite position, on his back, which he had not been able to do for a week or ten days prior to aspiration.

April 3d, afternoon, fifty-three hours after first aspiration, the sac had become redistended, necessitating its second evacuation, at which time I got five ounces of pus, patient expressing himself very much relieved. During interval of five days following the last operation patient gained strength, eating very well, and had refreshing sleep, and exercised by walking, when pleasant, near his residence—riding jolted him and gave great pain. April 8th, had to aspirate again, getting six and a half ounces of pus, which added greatly to patient's comfort. April 10th, got four and a half ounces by aspiration; 11th, three ounces; 13th and 14th, about same amount; 19th, aspirated, and after doing so enlarged opening with pointed bistoury sufficiently to allow introduction of small nozzle of an ordinary Davidson's syringe, with which instrument washed out the sac of abscess with solution of permanganate of potash twice daily, this often proving sufficient to annul odor and keep parts clean.

After this date I had aspirator needle cut off square at end, as patient would complain of the sharp point sticking posterior wall of abscess when it had been nearly evacuated, the said wall being pressed forward by viscera back of it. (In passing, allow me to suggest it would be advisable for all aspirator boxes to contain a medium-sized needle, without sharp point, to be introduced instead of sharp-pointed one after second or third "aspiration," if required.) I now substituted for aspirator needle a Nélaton soft catheter of proper size to attach to aspirator, finding it could be more easily and painlessly introduced and made to dip down to bottom of sac, and thus enable me to more perfectly evacuate abscess. We tried faithfully the gum tubing with slots cut in sides, but they did not act well, becoming stopped up and the pus exuding by the side of them.

After April 20th the sac filled so rapidly, and patient having increase of pulse-rate and elevation of temperature, made us fear re-absorption of contents of sac into general circulation; washed out sac thrice daily and made solution of iodine stronger with which we had been stimulating walls of sac, after thorough washing out had been accomplished; the relation of cause and effect between failure to wash out sac three times daily and increase of temperature and pulse-rate were very palpable. All the alvine dejections had been watched closely for the appearance of pus, and about this date (April 20th) a large quantity of pus and blood were observed, which discharge by the bowels did not at all lessen amount of discharge from opening in anterior wall of abdomen, thus proving conclusively there was more than *one* abscess in substance of liver. By introducing probe properly curved, it could be passed up in front of sternum bone for some inches, the overlying soft parts being all of those between anterior face of sternum and integument. We had at no time any of the symptoms of peritonitis.

Up to within one week before death, patient held up physically with a wonderful degree of endurance and was cheerful and hopeful beyond any one I ever saw, and said to me on several occasions: "The ground of my hope for recovery lies in the fact that my spirits have never flagged." With the occurrence of discharge of pus and blood per anum, diarrhea and dysentery appeared, which rapidly exhausted our patient, being only partially controllable by opiates per orum and anum.

A very singular feature in this case was the slight degree of pain experienced, our patient remarking to me twenty-four hours before his demise (which took place April 30th, 12 P.M.): "Doctor, I am not sick, I am only extremely weak," meaning thereby, My suffering all along has not been great; if I only had physical strength I could get up this moment and go to my usual work. Two hours before dissolution he still said: "I am in no pain, only so weak." Intellect perfectly clear, voice good and strong, considering his exhaustion. One hour before death he said to me: "I am so very sleepy." I told him to go to sleep, first giving him a stimulant containing carbonate of ammonia and whisky, and afterward (as well as before) tinct. belladonnæ. After the last stimulant was exhibited, my patient went to that sleep from which there is no waking, suffering no pain, uttering, as he never had, any complaint.

Divesting myself of all prejudice against all forms of charlatanry, I am forced, from all the facts in this case—the patient's unusual physical strength and development, his bravery in meeting all obstacles, assured in the end of overcoming them, his patience in suffering, never complaining or yielding a step—to believe that, had the proper diagnosis been made, even as late as the third week of the patient's attack, viz., January 30, 1882 (at which date *the patient himself* noticed an enlargement in the epigastric region), had the abscess been "aspirated," and kept cleansed and disinfected, the patient placed on a general supportive and stimulating line of treatment, I can not understand why he should not have recovered and be yet acting the part of a useful and prominent member of society.

LOUISVILLE.

Correspondence.

Dear Dr. McMurtry:

You must let me congratulate you on your position in the old University. I attended my first course in that venerable institution when hundreds of students, gathered from all portions of the country, crowded the benches. "There were giants in those days." Drake taught medicine; Gross gave us surgery; Charles Caldwell lectured on phrenology and mesmerism, with occasional reference to physiology; Miller quoted from Madam Boivin so often that we called him "old Madam, the French mother." The elder Yandell revelled in the poetry of chemistry, and Charles Short, with manuscript prepared years before, told us with great care how many petals and stamens were found on each medicinal plant, while Cobb in terse and classic style led us to, and bade us love, the cadaver.

I should like to witness the first faculty meeting on the other side. They are only waiting for Prof. Gross to make the reunion complete. I imagine I can hear the punctual Drake often exclaim: "How late he is." When Gross does reach that unseen country, he will occupy the first hour, under a suspension of the rules, telling his old associates how often he changed colleagues, and that the changes in this respect are insignificant when compared with the "dissolving views" which have obtained in the sci-

ence and practice of surgery, and in medicine too. I predict that Short will be anxious to know if botanical gardens have been attached to all medical colleges in order that students may familiarize themselves with the structure of the plants found on the shelves of druggists and forcibly referred to in works on therapy. Gross will be compelled to admit that Jefferson, though in the van, has not established a nursery for medicinal plants; that medical students have grown more and more careless concerning the calyx and corolla; that the best of them are unable to tell whether ipecac has ten or forty stamens, and they are desirous only of knowing when and in what doses to administer the remedy. When asked directly, the great surgeon will be forced to admit that he is convinced that physicians may skillfully and successfully administer the most potent remedial agents while ignorant as to whether or not the stamens are included in the corolla. When Short recalls the familiar page of his notes, reading thus: "Helleborus Niger: No. of petals, five; no calyx found in specimens gathered from Spain to Italy and from Greece to Switzerland," he will exclaim: "Such degeneracy is painful to contemplate. Surely they must learn the nature and habitat of a plant before comprehending its therapeutic action."

How Daniel Drake's great soul will expand when he hears that physicians have at last begun the study of epidemiology, and that they look to his great work on diseases of the Mississippi Valley for facts, and for the method of studying the zymotic affections. But what will the erudite and graceful Yandell say when he hears that they no longer study imponderables, and that they only work in the laboratory, where with reagents, tests and the microscope they are anxious only to learn what a patient is excreting and secreting? Recalling the later years of his life here, he will scarcely be surprised to learn that the teacher of chemistry now never tells his class how cold it would be without heat, how dark without light, and how universal electricity may be. Prof. Gross will have to tell how the modern teacher of chemistry presents to the students things offensive to smell, and to the sight often disagreeable; that realism is every where, and instead of charming his listeners with beautiful thoughts in the exquisite language for which my old professor was famous, the teacher of chemistry has only a laboratory, with several assistants; that the student no longer walks amid the stars, but wrestles with retorts and reagents.

Let me tell you just here, my dear doctor, that some of the most beautiful and instructive thoughts I have ever heard in the course of an eventful life were uttered by Prof. Yandell in the days of auld lang syne.

On earth the tall majestic form of Charles Caldwell was conspicuous in every gathering of the old faculty. He will wish to inquire of Prof. Gross about his friends, Fowler and Wells, who made phrenological models to be used by lecturers. When the surgeon tells him he has not heard of those men in twenty years, the ex-professor of physiology will arise and say: "I wish you good morning, Prof. Gross." The phrenological soul of the ex-professor of physiology will be made sorrowful even in the holy city at such a picture. As with stately mien he presses the golden bricks of the New Jerusalem, he will say to himself: "No progress; no advance; no character-reading; can these things be—and what must be the result!"

I will allow you, my dear doctor, to complete the discussion "under a suspension of the rules." I doubt not inquiries will be made as to the success of "Cook's pills;" and Flint will be pained to learn that his edition of Druitt's Surgery has long since been dropped from the list of text-books. While scratching down these fancies they have grown almost real, and I see again the earnest lecturer amid the crowded benches, and hear once more those noble friends who long ago were ferried over the river by the son of Erebus. Truly, Prof. Gross will astonish them and have some strange things to relate. Idols will be broken at that first meeting of the old faculty on the other side. Who knows but that I may be an invited guest at that re-union, maybe on the reception committee?

With many good wishes, your friend

* * *

PARIS has a commission for regulating the height of buildings, which are graded to correspond to the width of the street on which they front. Houses may be forty feet high upon streets twenty-five feet wide. In no case are they permitted to be over sixty-five feet high, and only then when the streets are sixty-five feet wide, or wider.

"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.

Reviews.

A Pocket-Book of Physical Diagnosis. For the Use of Students and Physicians. By Dr. Edward T. Bruen, one of the Physicians to the Philadelphia Hospital, and Dispensary of the Children's Hospital. Demonstrator of Clinical Medicine, and Lecturer on the Pathology of the Urine in the University of Pennsylvania, etc. One Vol., pp. 256. Philadelphia: Presley Blakiston. 1881.

This volume belongs to that very numerous class of books whose existence is no evidence that they are needed. They appear, not because the author has any thing new and valuable to say, nor even because he can present what is already known in a clearer, stronger, and more attractive way than other writers have done. Their *raison d'être* seems to be simply the author's intense desire to be known as the writer of a book. On the title-page it is announced that this is a hand-book on "Physical Diagnosis." It might with equal propriety have been called a hand-book on pathology, etiology, or symptomatology. All these subjects are touched upon and mixed up in a very unsatisfactory way.

The slender dimensions of the book render it barely possible to furnish an exposé of Physical Diagnosis, even if every page had been devoted to that subject alone. On perusing this volume, one is reminded of the answer of the old deacon when asked by the minister how he liked his sermon. "Oh," he said, "it was good enough, what there was of it." "How!" exclaimed the minister, "was it not long enough?" "Well, yes," quoth the deacon, "there was enough of it, such as it was."

In comparison with the works of Walsh, Flint, Loomis, and Guttman, Dr. Bruen's book appears like a tallow candle when placed in the full radiance of the noonday sun. It appears to great disadvantage when compared even with the lesser works of Delafield and Clapp. It is the worst book on the subject which any author has written, and must have been inflicted upon the medical public for their various professional sins of omission and commission. The description of physical signs are neither clear nor concise, and occasionally the author punishes his reader with rambling dissertations rather out of place in a work professedly on physical diagnosis. He evinces knowledge of his art, but the gift of imparting this knowledge in an impressive and pleasing manner appears to have been denied him. Perhaps he has had the same misfortune as the Duke of Orleans (the regent). It was said of him that at his birth, the good fairies having bestowed on him every talent and virtue, another fairy, coming late, became vexed to find so many good qualities lavished upon a single mortal, and decreed that he should never be able to make use of a single one.

This much is certain: Dr. Bruen writes very bad English, and it is to be hoped he will give some time and attention to English grammar and composition ere he again undertakes to write a book. J. A. O.

The Anatomist: Being a Complete Description of the Anatomy of the Human Body, etc. By M. W. Hilles, formerly Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine, etc. Second edition. New York: G. P. Putnam's Sons. 1881.

This book belongs to that class of works known as pocket-manuals, and was originally intended for students preparing for the examinations of the Royal College of Surgeons, and other medical bodies. In this second edition it is somewhat enlarged, and has received the addition of a number of wood cuts. It is still, however, a *compendium*, and partakes more of the style and nature of notes on anatomy than of a text-book. Such works are not in favor in America, from the fact that teachers of anatomy in this country endeavor to teach that important fundamental branch of medical science so that the knowledge acquired may be utilized practically rather than in passing the ordeal of the examination-room. Such works as the one before us describe no parts in detail, but are intended solely to aid in *memorizing* the minutiæ of descriptive anatomy. This book would be almost useless as a guide in the dissecting-room, where genuine practical knowledge is acquired, or as a reference-book in the hands of a practitioner desiring to "look up" some special anatomical point with reference to its surgical relations. It would doubtless be serviceable to the student as "a reminder" while waiting for the quiz or the lecture, but even for this purpose it is not comparable with Gray.

The most serious objection to this and similar works on anatomy as a guide to students is the total absence of emphasis. For example, we find almost as much space and detailed description devoted to the longissimus dorsi muscle as to the femoral artery and its relations.

The illustrations are numerous, and are superior to those found in small works of this class. The paper, binding, and typography, are in the usual excellent style of the Putnams. McM.

Translations.

[For the NEWS, by JOHN A. OCTERLONY, M.D.]

A CASE OF RAPID CANCER OF THE STOMACH AND LIVER.—By F. Warfringe and C. Wallis. *Nord; Med. Arch.*, 1882.

The patient, a type-setter by trade, was admitted to the hospital August 26, 1881, with marked symptoms of saturnine poisoning, and was discharged on the 14th of August, same year. For several weeks after leaving the hospital he was considerably improved; he continued to feel quite well for several weeks, when gastric symptoms developed. One month later he was again admitted to the hospital. The diagnosis of gastric cancer could now be made out, and the liver was found to be enormously enlarged. During his former stay in the hospital this organ was not at all augmented in size. He declined rapidly in strength, there was general cachexia, and death occurred after a week and a half.

The autopsy showed a large cancerous ulcer, involving the lesser curvature and the posterior wall of the stomach, with cancerous infiltration of the walls. The cancerous tumor extended nearly to the pylorus. The enormously enlarged liver contained metastatic masses of cancer. Owing to the situation of the neoplasm in the stomach, it might have been latent for some time. But the hepatic enlargement, which was clinically demonstrated to have been of quite recent origin, certainly ran a remarkably rapid course, and was evidently metastatic.

RUPTURE OF AORTIC ANEURISM.—By W. Ekekrantz, *Swenska Läkare Sällskapets Förhandlingar*, p. 348:

The patient had been admitted to the marine hospital, for a light pneumonia, on the 18th of November. This improved, but on the 24th of the same month he died of violent hemorrhage from the lungs. The autopsy showed the cause of death to have been an aneurism of the aorta, which had perforated a bronchial tube and ruptured. A large quantity of blood was found in the trachea and in two bronchi. In the left lung, in a bronchial tube of the second magnitude, and four and a half to five centimeters from the bifurcation of the trachea, were several perforations of the wall of the size of a hemp-seed. Through these a probe entered directly the aneurismal sac. The aneurism was given off immediately above the "sinus of Valsalva." It involved the arch and also the descending aorta. In this latter part the aneurism presented two circumscribed prominences, one of which had eroded a dorsal vertebra; the other had eroded the bronchial tube already mentioned, and then ruptured, causing the fatal hemorrhage. No trace of syphilis could be discerned at the autopsy.

A CASE OF CONGENITAL ATRESIA OF THE OS EXTERNUM AND HEMATOMETRA IN THE LEFT HALF OF A DOUBLE UTERUS.—By A. Lödemark, *Hygiea*, 1882:

The patient was twenty years of age, and had menstruated since her seventeenth year. About six months before admission she began to have pain in the abdomen, which gradually increased, especially during her menstrual period. On examination a somewhat irregular fluctuating tumor was found occupying the upper part of the pelvis, depressing the fornix vaginæ. It lay to the left of the uterus, which latter seemed to be virginal and normal. By an exploratory puncture thick, tar-like blood was withdrawn. An incision sufficiently large to admit the introduction of the finger was then made through the vagina. Antiseptic measures were resorted to, and the case progressed almost without fever. The opening gradually contracted to such a degree that the discharge from this half of the uterus ceased. After some months it became necessary to resort to dilatation and the use of injections with five-per-cent carbolic-acid solutions. Perfect recovery ensued.

Selections.

The following remarkable case is reported by Dr. J. Marion Sims, of New York, in a recent number of the British Medical Journal. The numerous friends of Dr. Beverly Cole, of California, as well as our readers generally, will read with interest the report of the remarkable escape of this distinguished physician:

The records of military surgery (according to Otis), from its earliest period to the present time, furnish but six or seven well-authenticated cases of recovery from shot wounds of the stomach, with or without fistule. To this list must now be added an-

other. It is the case of the distinguished gynecologist, Dr. R. Beverly Cole, of San Francisco. I have just received a letter from him, dated London, January 17, 1882, detailing the following particulars:

Dr. Beverly Cole, at the age of twenty-five, resided in San Francisco, where he had suffered from repeated attacks of intermittent fever. When just recovering from one of these, he left his house, on June 3, 1854, without taking breakfast; his stomach was therefore empty. While in the act of packing his trunk, preparatory to making a visit to the country, a Colt's six-inch revolver (old pattern) fell from his inside breast coat pocket; the body being bent over the trunk at the time, and the hammer of the pistol striking the edge of the trunk as it fell, the cap was exploded, and the ball entered the breast, the muzzle not being more than eight inches from the body. He did not fall, but, raising himself up he tore open his vest and shirt, and saw that he was wounded. Syncope occurring, a friend caught and laid him on a sofa near by. When consciousness returned he found himself surrounded by a number of his medical friends, among whom were Drs. C. S. Tripler and H. S. Hewitt, of the United States Army, and Drs. Valentine Mott, jr., A. B. Stout, and Charles Bertody. He was totally blind, but recognized them all by their voices. He heard Dr. Tripler say, "Never mind the ball; it can be sought for at any future time. We must first bring about reaction." Soon after this he was suddenly seized with an indescribable pressure in the rectum, and a desire to defecate. Morphia was administered, sinapisms were applied to the extremities, and ammonia was given in very minute quantities—minute, for fear of its escaping through the gastric wound into the peritoneal cavity. As reaction came on, the sensation in the rectum increased till he vomited nearly a wash-hand bowlful of blood, black and partially coagulated. It was estimated by the attending physicians to be from a quart to half a gallon or more. This gave some relief. But the rectal pain and tenesmus were not completely relieved till he was brought fully under the influence of morphia. As he lay on his back his clothing was all cut away, without turning him on either side, and he was then placed in bed.

The collapse was very complete, and several hours elapsed before reaction was fully established. During all this time he could not see; but from the conversation of the surgeons and from the frequency with which they examined the cardiac region, he inferred that death was imminent. The sinapisms were forgotten, and were not removed for four or five hours, and they produced sloughing ulcers, which were nearly twelve months in healing. When reaction was fully established, Dr. Tripler passed the end of the little finger along the track of the ball, through the conjoined cartilages of the seventh and eighth ribs, an inch and a half to the left of the median line of the ensiform cartilage. He then passed a probe along it into the stomach. The lodgment of the ball was not discovered for two weeks or more later. It was then found between the eleventh and twelfth ribs, on the back, two inches to the left of the median line. This showed that the course of the ball was directly through the body, the difference between the parallels of entrance and exit being due to the difference between the bent and the erect posture.

For three weeks he was nourished by the rectum. Beef tea was thus given every three hours; at first one ounce, then two, then three, and finally four ounces. During this time a small quantity of beef tea was given by the mouth, but it produced such severe pain as it entered the stomach that it was not soon repeated. Small lumps of ice were allowed to quench the thirst produced by the morphia, which was given in half-grain doses three or four times a day, or whenever needed. On the twenty-first day he was removed to his own home. He then began to suffer from severe paroxysms of pain in the back, which were so intense as to obstruct respiration. They continued without abatement for three weeks. Dr. Tripler then removed the ball, and they ceased. He was confined to bed six weeks. When he got up it was discovered that the left shoulder was lower than the right, the result of a constrained position while in bed; and there was a dragging sensation in the gastric region not only disagreeable but quite painful, as if the stomach had formed unnatural adhesions. On account of these disabilities, he was compelled to go on crutches for two years before his body attained its natural erect manner of carriage.

The posterior wound closed in a few days after the removal of the ball; but the anterior wound did not close for four years, which was doubtless due to the injury of the cartilages, which are always tardy in reparation. For many years an ordinarily hearty meal (in consequence of adhesions between the stomach and contiguous parts) produced a dragging, uneasy sensation, which rendered life very uncomfortable.

Recovery was eventually complete; and no one now would suspect that he had ever been the subject of such a serious accident. A peculiar feature of the case was total loss of vision for three days, during which time he could not distinguish daylight. There can be no doubt that the ball in this case perforated the stomach. The large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. From the point of entrance and direction of the ball it must have passed through the stomach, below the lesser curvature. As the ball was very small, the wound of the stomach was likewise very small; hence there was less probability of gastric effusion than if the ball had been larger. But recovery was chiefly due to the fact that the stomach was quite empty at the time of the accident. If it had been even partially full there would have been effusion into the peritoneal cavity, followed by certain death.

The history of Dr. Beverly Cole's case was published in the Detroit Medical Journal, in 1855 or 1856, by Dr. C. S. Tripler, United States Army. But as Dr. Otis insinuated, in a note to the Surgical History of the War (Part II, "Surgery"), that the case was not incontestably one of the stomach, I place it on record here, that others may judge for themselves.

Concealed Hemorrhage.—A case of accidental concealed hemorrhage was presented to the Dublin Obstetrical Society by Dr. Horne at the session of March 4, 1882. The patient was thirty-four years of age, had always been healthy, and was pregnant with her seventh child. Her previous labor had been normal. She had aborted at the third month between the fourth and sixth pregnancies. She entered the externe maternity of the Rotunda Hospital, November 11, 1881, and was pale and weak, with a quick, small pulse and moist skin, and was suffering from pain in the back, which also extended down both groins. The previous evening she had lifted a heavy piece of furniture. During

the night she awoke with a feeling of weakness, and with pain in her back. Quickening had occurred at four and a half months, and fetal movements had been active the day previous to her admission. Upon examination, the cervix was found to be high and soft, the external os was patulous, the internal os was closed. No presentation could be felt, but a soft tumor filled the anterior cul-de-sac. A sound was passed into the uterus to the depth of nine inches, but no membranes were ruptured, nor could a fetus be felt. Examined externally, the uterus was found to be rotund, tense, and lying almost entirely to the patient's right side. No fetal parts could be felt; no sounds could be heard. By advice of Dr. Atthill the vagina was plugged with carbolized cotton, and ergot was given internally. The next day the patient felt better. A small quantity of bloody serum followed the removal of the tampon. The os was closed. The following day there were present pain, nausea, and vomiting. Labor-pains of a slight nature came on, the membranes ruptured, and in a few minutes a dead female child was born, the placenta following almost immediately. Pressure upon the fundus uteri expelled a large blood-clot. The patient made a slow but good recovery.

This accident is quite rare, Dr. Braxton Hicks having collected twenty-three cases in 1860. Ten additional ones were reported by Dr. Burton in 1875. The author had found four others recorded since then. Twenty-three mothers had died, and all the children had been still-born. Spiegelberg reports one hundred and ten cases collected by Goodell and Hennig, in which fifty-six mothers had died and all but seven of the children. The symptoms are general and local. The former are those which are well known in such accidents, without any external discharge, and the complete absence of true labor-pain. The latter are, continuous stretching pain over the abdomen, pain on pressing any portion of the uterus, and continuous tense feeling of the membranes. In the diagnosis the condition is to be differentiated from rupture of the uterus, or other abdominal viscus, and fainting.

As to treatment, the author asked whether the membranes should be ruptured, and, this being ineffective, whether delivery should be accomplished either by turning, by the forceps, or by other means; or, as the other alternative, whether one should procrastinate, in the hope that the coagula in the uterus would prevent further hemorrhage, remembering, too, that the uterus is in a state of tonic contraction.

The case excited the greatest interest. Dr. Kidd was in favor of rupturing the membranes, then dilating the os uteri and delivering as rapidly as possible. Dr. Denham agreed with Dr. Kidd, and thought the fingers the most efficient dilators. Dr. Atthill advocated the moderately slow excitation of uterine action, as less likely to be followed by hemorrhage post partum, and preferred to take the chances of stopping the internal hemorrhage by the employment of such means as were used by the author. Dr. Macan agreed with Dr. Atthill, favoring the tampon to increase the intra-uterine tension. Dr. Doyle favored rupturing the membranes with multiparæ, since the over-distension of the organ paralyzed the muscular fibers. With primiparæ he would wait until uterine pains came on. Dr. Dill remarked that, since the patients were usually suffering from shock and collapse, nothing should be done which could add to that condition.—*Society Proceedings.*

The General Practitioner.—We extract the following from the students' number of the Lancet:

There is one fact that the student should always bear in mind—that the great bulk of his duty in after-life will have reference to cases and conditions that can not be considered heroic or sensational, but which are the chief care of general practice, as they constitute the bulk of human trouble. In regard to this great point we should say these two things: First, no case of disease, or feature of disease, should be despised for its commonness; and, secondly, that the more specific and definite the knowledge that can be gathered by a student on the common cases and facts of disease, the better practitioner will he turn out in the end. Nine students out of ten are destined not to be specialists. General practice is to be their field of labor, and there is no better field for usefulness and even for distinction. No man is more valued in a community than the man who is helpful and wise and kind in all the emergencies of disease, from a toothache to a puerperal pyrexia. But though most students are to be general practitioners, their ultimate efficiency and success will depend very much on the amount of special knowledge which they can bring into general practice. Where one practitioner must be always sending his patients off to a specialist, another will be special enough in his knowledge to save his own credit and his patients' time and money.

In order that the student may thus develop the greatest efficiency and credit as a practitioner, he must, after gaining a substantial knowledge of anatomy and physiology—without which all practice is a sort of quackery—take the best opportunities of seeing common diseases and bring to its study unremitting attention. A cough, a rigor, a urinary deposit, a temperature in slight excess of the normal, a rash on the skin, the peevishness of a teething child, and remedies which a good practitioner uses in such cases, must have as much interest for him as a strangulated hernia, a glaucoma, or a case of myxedema. Happy the student who accepts gratefully and yet with independence and even critical intelligence the best teaching of the best practitioners, whether general or special. Medical practice to him will be a joy rather than a care, and if he be occasionally in trouble, like other men, it will not be that greatest of all troubles, conscious incapacity for common duties born of inattention to common cases and common, though passing, opportunities of education. His destination may be to practice in a remote hamlet or the distant colony of an extended empire. On an emergency he may find himself confronted in such a solitude, and at midnight, with a case of ineffectual labor, or the still more trying one of retention of urine, and in the happy and timely use of his forceps or his catheter in the relief of an agonized patient, and in his own consciousness of serviceableness, he will have reward enough, to say nothing of the greater rewards which accrue to faithful and religious men.

Gastrostomy.—On July 20th, at Wolverhampton and Staffordshire General Hospital, Mr. Vincent Jackson performed the operation of gastrostomy. The patient, a middle-aged man, was suffering from cancer of the cardiac end of the esophagus. The operation was divided into two stages, and on the fifth day after the first operation the stomach was linearly excised. Since he has been fed by the stomach and rectum, and everything is favorable.—*The Lancet.*

MEMBER OF AMERICAN MEDICAL COLLEGE ASSOCIATION.

FORTY-SIXTH ANNUAL ANNOUNCEMENT

OF THE

UNIVERSITY OF LOUISVILLE,

SESSION OF 1882 AND 1883.

FACULTY.

J. M. BODINE, M.D., DEAN.....Professor of Anatomy and Diseases of the Eye and Ear.
LUNSFORD P. YANDELL, M.D.....Professor of Principles and Practice of Medicine and Clinical Medicine.
E. R. PALMER, M.D.....Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D.....Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D.....Professor of Pathology, Clin. Medicine, and Diseases of the Nervous System.
DAVID W. YANDELL, M.D.....Professor of Surgery and Clinical Surgery.
THEOPHILUS PARVIN, M.D., LL.D.....Professor of Obstetrics and Medical and Surgical Diseases of Women.
W. O. ROBERTS, M.D.....Professor of Surgical Pathology and Operative Surgery.
JOHN A. OCTERLONY, A.M., M.D.....Professor of Materia Medica, Therapeutics, and Clinical Medicine.

H. A. COTTELL, M.D.....Lecturer on Medical Chemistry.
W. CHEATHAM, M.D.....Clinical Lecturer on Diseases of Eye, Ear, and Throat.
L. S. McMURTRY, A.M., M.D., AND R. B. GILBERT, M.D.....Demonstrators of Anatomy.

FEES.—Professors' Ticket, $75.00; Matriculation Ticket, $5.00; Practical Anatomy, $10 00; Graduation, $30.00 Hospital Ticket (required by the City), $5.00.

SPECIAL AND OPTIONAL MANIPULATIVE COURSES.

H. A. COTTELL, M.D.....Demonstrator of Microscopy.
B. BUCKLE, M.D.....Demonstrator of Operative Midwifery.
W. CHEATHAM, M.D.....Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy.
L. S. McMURTRY, A.M., M.D.....Demonstrator of Surgical Dressings.

The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of $5 will be charged, and second-course students the three other courses, for which a fee of $10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical* and *demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of 88. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from $3.00 to $5.00 per week, fire and light included.

Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

Address,

J. M. BODINE, M.D.,

Dean of the Faculty, Louisville, Ky.

ELIXIR OF WAHOO.

JUNE 1, 1882.

In 1879 we issued circulars asking the consideration and trial by Physicians of the Elixir and Fluid Extract of Wahoo. As stated in these circulars, we were influenced by the favorable therapeutic results reported by a number of leading medical men who tested it in their practice, at the suggestion of Dr. J. R. Black, in a paper published in the Philadelphia Medical and Surgical Reporter. Since that time it has been very largely used.

Its value as a remedy in Hepatic-Dyspepsia, or Biliousness, and in all cases in which a gastric tonic-cholagogue is indicated, has been established beyond question.

The demand created exceeded our ability to supply. For months we were unable to fill our orders, as it was impossible to secure the drug, of satisfactory quality, at any price.

We were forced to decline orders, or send but a small percentage of the quantity directed. It has only been within the last few months that we have had sufficient stock of the *bark of the root* (which is the *only* part of the shrub of any medicinal value), gathered at the right season.

The high price of the bark of the root, and the difficulty of procuring it, induced some houses who claimed their preparations were equal to the same articles made by us, to manufacture the Elixir and Fluid Extract of Wahoo from the twigs, small roots, and bark of the tree, the use of these products resulting in disappointment in the effect desired and prejudicing physicians against this really valuable medicine.

We will be glad to send a sample of the Elixir, sufficient to test fully its merits, to any reputable medical man who will pay express charges (as we are unable to send by mail), confident a trial will confirm all we claim as to its value and our belief in its superiority in every respect to Podophyllin, Leptandrin, Iridin, and in fact any of the indigenous cholagogues and tonics, some of which are largely used and deservedly held in high esteem.

We can not too strongly recommend it for patients suffering from torpid liver, and deranged stomach, resulting from too free use of wine and spirits. It will be found to give speedy relief. A tablespoonful of the Elixir should be administered every other night for a week. It should then be given as often in one to two teaspoonful doses until relieved.

The value of Wahoo is so readily determined from absolute therapeutic results by physicians testing it, for a few days, that we again urge them to use in any case in which a cathartic effect is desired, with conjoint action upon the liver.

We will be pleased to mail our pamphlet on the above to any Physician desiring to read it.

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